I .	OFFICEHOLDER INANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE# 1 of 77
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Peter	y ya Miri	OFFICE USE ONLY Date Received
·	NICKNAME LAST Brown	SUFFIX	ALTISTICS.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 6524 San Felipe PMB 447 Houston, TX 77057	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address	nousidii, 1X77037		
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Fred NICKNAME LAST Zeidman	MI SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 7670 Woodway Suite 110 Houston, TX 77063	UITE#: CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 978-7701	EXTENSION	
8 REPORT TYPE	January 15 30th day before elec	. 🖵	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THR 01/01/2006	Month Day OUGH 06/30/20	Year 06
10 ELECTION	Month Day Year ELECTION T		General Special
11 OFFICE	OFFICE HELD (if any) Houston City Council Pos. 1	12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign ex Candidates are required to disclose this information Name		
BY OTHER INDIVIDUALS	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages	.		
	до то	PAGE 2	

CANDIDATE & SUPPORT &		ORM C/OH SHEET PG 2		
14 C/OH NAME Brown	n, Peter (Mr.)		15 ACCOUNT # 00000001	(Ethics Commission filers)
16 NOTICE FROM POLITICAL	have been made with	tice of political expenditures by political committees to support the calcut the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	ndidate / officeholder. T es and officeholders are	hese expenditures may required to report this
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS	, , , , , , , , ,	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		·
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	50.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	54,385.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	893.13
	4. TOTAL F	OLITICAL EXPENDITURES	\$	34,052.44
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	55,682.00
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00
18 AFFIDAVIT	MATHEW A. 2 MY COMMISSION E August 16, 20	EXPIRES 08	Il information require	d to be reported by
Sworn to and subscribe		esaid Peter Brown	, this the	1 7 day
Signature of officer admini	۱۰ ۶-	ify which, witness my hand and seal of office. Mc Ho A. Zeis Print name of officer administering oath	Ab try	stering oath

14 Departure date

15 Destination city / location

18 Purpose of travel

13 Departure city / location

17 Means of transportation

16 Arrival date Electronic Filing Version

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The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 2/4	43 Report: 4/77
2 FILER NAME Brown, Peter (Mr.)		"	3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date 5 Full name of contributor Allen, Joe	out-of-state PAC(ID#_			7 Amount of contribution (\$)
02/24/2006 6 Contributor address;	City; State; Zip Code			\$1,000.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See Ins	structions)	
10 In-kind contribution Check if in-kind contribution for travel outs	side Texas and	11 In-kind description	(if applicable)	
complete boxes 12-18. Otherwise, complete boxes 12-18. Otherwise, complete 12 Name of person(s) traveling on whose behalf the complete boxes 12-18. Otherwise, comple		attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 5 Full name of contributor [Allison, Lester 02/21/2006 6 Contributor address; 0	out-of-state PAC(ID#)		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions	`	I a 5-1-1-1-15-1-1-1	<u> </u>	
· I mopal occupation? 300 title (See instructions		9 Employer (See Ins	aucuons)	
10 In-kind contribution Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete boxes 12-18.	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel		· · · · · · · · · · · · · · · · · · ·

OTHER THAN PLEDG				
The Instruction Guide explains how to comp	plete this form.		1 PAGE# Schedule: 3/43	3 Report: 5/77
2 FII FR NAME Brown, Peter (Mr.)				(Ethics Commission filers)
4 Date 5 Full name of contributor Andrews Kurth Texas PAC	out-of-state PAC(ID#_			7 Amount of contribution (\$)
02/24/2006 6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$1,000.00
8 Principal occupation / Job title (See Instructions	;)	9 Employer (See Ins	structions)	
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete 12 Name of person(s) traveling on whose behalf the	te box 11 if applicable.	11 In-kind description		
13 Departure city / location	14 Departure date	15 Destination city / le	ocation	. 16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 5 Full name of contributor [Asakura, Keiji				7 Amount of contribution (\$)
02/24/2006 6 Contributor address; C	ity; State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Ins	tructions)	,
10 In-kind contribution Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete	de Texas and e box 11 if applicable.	11 In-kind description	(if applicable)	·
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
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OTHER	THAN PLEDG	ES UK LUA	7149	·-	· 	
The Instruction	ON GUIDE explains how to com	plete this form.	· ·	1 PAGE# Schedule: 4/	43 Rep	ort: 6/77
2 FILER NAME	Brown. Peter (Mr.)			3 ACCOUNT# 00000001		Commission filers)
4 Date	5 Full name of contributor AT&T Employees PAC	out-of-state PAC(ID#_)	<u> </u>		Amount of ontribution (\$)
02/28/2006	6 Contributor address;	City; State; Zip Code				\$250.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Ins	structions)		
10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 11 In-kind description (if applicable) 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
13 Departure city	/ location	14 Departure date	15 Destination city / k	ocation .		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor Atlas, Scott	out-of-state PAC(ID#_)			Amount of ontribution (\$)
02/24/2006	6 Contributor address; (City; State; Zip Code	***************			\$100.00
8 Principal occup	ation / Job title (See Instructions	5)	9 Employer (See Ins	tructions)		
10 In-kind contribu	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
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The Instruction Guide explains how to co	mplete this form.		1 PAGE# Schedule: 5/	43 Ren	ort: 7/77
2 FILER NAME Brown, Peter (Mr.)			3 ACCOUNT # 00000001		Commission filers)
4 Date , 5 Full name of contributor Box, James	out-of-state PAC(ID#)		7	Amount of contribution (\$)
02/16/2006 6 Contributor address;	City; State; Zip Code				\$200.0
8 Principal occupation / Job title (See Instruction	ens)	9 Employer (See In:	structions)	-	
10 In-kind contribution Check if in-kind contribution for travel or complete boxes 12-18. Otherwise, complete Name of person(s) traveling on whose behalf	olete box 11 if applicable.	11 In-kind description			
13 Departure city / location	14 Departure date	15 Destination city / I		·	16 Arrival date
17 Means of transportation		18 Purpose of travel			
5 Full name of contributor Bracewell & Giuliani Com	out-of-state PAC(ID#				Amount of ontribution (\$)
03/02/2006 6 Contributor address;	City; State; Zip Code				\$1,000.00
Principal occupation / Job title (See Instruction	ns)	9 Employer (See Ins	tructions)		
In-kind contribution Check if in-kind contribution for travel ou complete boxes 12-18. Otherwise, comp	tside Texas and lete box 11 if applicable.	11 In-kind description	(if applicable)		
2 Name of person(s) traveling on whose behalf	the travel was accepted (attach additional pages if	necessary)		
3 Departure city / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
7 Means of transportation		18 Purpose of travel			
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	POLITI	CAL CONTRIBI R THAN PLEDG	JTIONS ES OR LOA	NS			SCHEDULE A	
	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 6/4	13 Pan	od: 9/77	
2	FILER NAME	Brown, Peter (Mr.)		•	3 ACCOUNT # 00000001			
4	Date	5 Full name of contributor Brady, Gerald	out-of-state PAC(ID#_)	<u>. </u>	7 c	Amount of ontribution (\$)	
	02/24/2006 6 Contributor address; City; State; Zip Code					\$500.00		
8	Principal occup	pation / Job title (See Instruction	5)	9 Employer (See Ins	structions)			
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
12	Name of perso	n(s) traveling on whose behalf the	ne travel was accepted (attach additional pages i	f necessary)			
13	Departure city	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel	•	<u> </u>		
4	Date	5 Full name of contributor Bricker, Alan	out-of-state PAC(ID#				Amount of ontribution (\$)	
	03/04/2006	6 Contributor address; (City; State; Zip Code				\$500.00	
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Ins	tructions)			
10	In-kind contribu Check if in complete it	tion h-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)			
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	necessary)	 	·	
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date	
17	Means of transp	portation		18 Purpose of travel				
				· · · · · · · · · · · · · · · · · · ·			<u> </u>	
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	ICAL CONTRIBI R THAN PLEDG	UTIONS	n, Texas 78711-2070	<u>'</u>	(312)4	63-580	SCHEDULE A
The Instruct	non Guide explains how to com	plete this form.		1	PAGE # Schedule: 7/	43 Rer	nort: 9/77
2 FILER NAME	Brown, Peter (Mr.)		1	3	***		Commission filers)
4 Date	5 Full name of contributor Brown, Peter	out-of-state PAC(ID#_				7	Amount of contribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·				\$3,500.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Ins	stru	ctions)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
☐ complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
12 Name of person	on(s) traveling on whose behalf th	he travel was accepted (attach additional pages i	f ne	cessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocat	ion		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel				
4 Date	5 Full name of contributor Brown, Peter					7	Amount of , ontribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code		•••			\$35.00
8 Principal occup	pation / Job title (See Instructions	;)	9 Employer (See Ins	truc	tions)	-	
10 In-kind contribu	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and le box 11 if applicable.	11 In-kind description	(if a	pplicable)		
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	nec	essary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	cati	on		16 Arrival date
17 Means of trans	portation		18 Purpose of travel	<u>-</u> -			<u> </u>

Texas Ethics Co	mmission P.O.Box	12070 Aus	tin, Texas 78711-2070	(512)46	63-5800	1-800-325-8506
POLITI OTHER	CAL CONTRIB R THAN PLEDG	UTIONS ES OR LO	ANS			SCHEDULE A
The INSTRUCT	างห Guide explains how to com	plete this form.		1 PAGE# Schedule: 8/-	43 Rep	ort; 10/77
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001		Commission filers)
4 Date	5 Full name of contributor Bruhns, Rudolph	_		_		Amount of ontribution (\$)
02/24/2006	6 Contributor address;	de ,	• • • • • • • • • • • • • • • • • • • •		\$1,000.00	
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See In	structions)		
Check if complete	10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete hoxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
TE Name of person	on(s) haveing on whose behalf t	ne travel was accepted	r (attach additional pages i	ii necessary)		_
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
4 Date	5 Full name of contributor Burney, Zinetta	out-of-state PAC(ID#)	,		Amount of Intribution (\$)
02/24/2006	6 Contributor address;	City; State; Zip Cod	le			\$250.00
8 Principal occup	pation / Job title (See Instructions	5)	9 Employer (See Ins	structions)		-
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and ite box 11 if applicable	11 In-kind description	(if applicable)	<u>-</u>	
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted	(attach additional pages if	necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel		1	
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		CAL CONTRIBUTED CAL CONTRIBUTE	JTIONS	.NS		(512)4	<u>03-36</u>	SCHEDULE A
	The Instruction	วง Guide explains how to com	plete this form.		1	PAGE # Schedule: 9/	43 R	eport: 11/77
2	2 FILER NAME Brown, Peter (Mr.) 3 AC					ACCOUNT # 00000001		es Commission filers)
4	Date	5 Full name of contributor Carter, Darryl	,	· ···			7	Amount of contribution (\$)
	02/08/2006 6 Contributor address; Clty; State; Zip Code						\$250.00	
8	Principal occup	nation / Job title (See Instructions	3)	9 Employer (See Ins	struc	ctions)	•	
	10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 11 In-kind description (if applicable) 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
12	Name of persor	n(s) traveling on whose behalf th	ne travel was accepted (attach additional pages i	if ne	cessary)		
13	Departure city i	location	14 Departure date	15 Destination city / le	ocat	ion		16 Arrival date
17	Means of trans	portation	I	18 Purpose of travel			<u> </u>	
4	Date	5 Full name of contributor Carter, Darryl	out-of-state PAC(ID#).			7	Amount of contribution (\$)
	03/04/2006	6 Contributor address; (City; State; Zip Code	***************************************				\$500.00
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Ins	truc	tions)		
10	In-kind contribu Check if in complete t	tion -kind contribution for travel outs poxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if a	pplicable)		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	nec	:essary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	cati	on	<u> </u>	16 Arrival date
17	Means of transp	ortation		18 Purpose of travel				
	 			<u>.</u>				-
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OTHER THAN PLEDGI	ES OR LOA			
The INSTRUCTION GUIDE explains how to comp	plete this form.		1 PAGE# Schedule: 10/4	43 Report: 12/77
2 FILER NAME Brown, Peter (Mr.)		•		(Ethics Commission filers)
4 Date 5 Full name of contributor CenterPoint Energy PAC				7 Amount of contribution (\$)
02/24/2006 6 Contributor address;	City; State; Zip Code			\$1,000.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See Ins	structions)	
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete boxes 12-18.	to box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf the	ie travei was accepted (attach adollional pages i	r necessary)	
13 Departure city / location	14 Departure date	15 Destination city / I	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 5 Full name of contributor [Chandler, Steve				7 · Amount of contribution (\$)
02/16/2006 6 Contributor address; C	City; State; Zip Code			\$250.00
8 Principal occupation / Job title (See Instructions	·)	9 Employer (See Ins	tructions)	
10 In-kind contribution Check if in-kind contribution for travel outsic complete boxes 12-18. Otherwise, complete boxes 12-18.	ide Texas and te box 11 if applicable,	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
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Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 11/43 Report: 13/77 2 FILER NAME Brown, Peter (Mr.) 3 ACCOUNT # (Ethics Commission filers) 00000001 Date 5 Full name of contributor out-of-state PAC(ID# Amount of Chapman, D. F. contribution (\$) 02/28/2006 6 Contributor address; City; State; Zip Code \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel 5 Full name of contributor ut-of-state PAC(ID#_ Date Amount of Clifford, Cindy contribution (\$) 02/24/2006 6 Contributor address; City; State; Zip Code \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel

Texas Ethics Cor	mmission P.O.Box	12070 Austir	n, Texas 78711-2070	(512)4	63-5800	1-800-325-	8506
	CAL CONTRIBI R THAN PLEDG		.NS		sc	HEDULE A	A
The Instructi	NON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 12	2/43 Report	· 14/77	
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001		nission filers)	
4 Date	5 Full name of contributor Coats, Rose PAC					ount of bution (\$)	
02/24/2006		City; State; Zip Code			:	\$1,000).00
8 Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In	structions)	I		
☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
12 Name of perso	n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages	f necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation	16	Arrival date	
17 Means of trans	portation		18 Purpose of travel				
4 Date	5 Full name of contributor [Continental Airlines, Inc Em	ployee Fund for a Be	tter America PAC			unt of oution (\$)	
01/27/2006	6 Contributor address; (City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			\$2,500	.00
8 Principal occup	nation / Job title (See Instructions)	9 Employer (See Ins	tructions)		<u>-</u>	
	ntion n-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 In-kind description	(if applicable)			
12 Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	necessary)			
13 Departure city /	location	14 Departure date	15 Destination city / lo	cation	16	Arrival date	
17 Means of transp	portation		18 Purpose of travel				
					<u>.</u>		

Texas Ethics Commission P.O.Box 1	2070 Austin	, Texas 78711-2070	(512)46	33-5800 1-800-325-8506
POLITICAL CONTRIBUTION OTHER THAN PLEDGI		NS		SCHEDULE A
The Instruction Guide explains how to comp	plete this form.		1 PAGE# Schedule: 13	/43 Report: 15/77
2 FILER NAME Brown, Peter (Mr.)			3 ACCOUNT # 00000001	(Fthics Commission filers)
4 Date 5 Full name of contributor Dickey, W. T.	out-of-state PAC(ID#_)		7 Amount of contribution (\$)
03/04/2006 6 Contributor address; (City; State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructions	;)	9 Employer (See In:	structions)	:
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / le	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		·
4 Date 5 Full name of contributor [Duncan, C. W.	out-of-state PAC(ID#			7 Amount of contribution (\$)
03/02/2006 6 Contributor address; C	City; State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Ins	tructions)	
10 In-kind contribution Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete	de Texas and e box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation	·	18 Purpose of travel		
			:	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # Schedule: 14/43 Report: 16/77 2 FILER NAME Brown, Peter (Mr.) 3 ACCOUNT # (Ethics Commission filers) 00000001 4 Date 5 Full name of contributor out-of-state PAC(ID# Frenkel, Allan 7 Amount of contribution (\$) 03/04/2006 6 Contributor address; City: State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

	Frenkel, Allan		<u> </u>	contribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code	•	\$500.00
8 Principal occup	pation / Job title (See Instructi	ons)	9 Employer (See Instructions)	<u> </u>
٠.		·	·	
10 In-kind contribu Check if in complete	ition n-kind contribution for travel o boxes 12-18. Otherwise, com	outside Texas and applicable.	11 In-kind description (if applicable)	
12 Name of person	n(s) traveling on whose behal	If the travel was accepted (a	attach additional pages if necessary)	
13 Departure city /	location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of trans	portation		18 Purpose of travel	
03/02/2006 8 Principal occup	5 Full name of contributor Fulbright & Jaworski, L.L. 6 Contributor address; atton / Job title (See Instruction	.P. Texas Committee City; State; Zip Code	9 Employer (See Instructions)	7 Amount of contribution (\$) \$1,000.00
10 In-kind contribu	tion -kind contribution for travel or poxes 12-18. Otherwise, comp	utside Texas and	11 In-kind description (if applicable)	·
			ttach additional pages if necessary)	
13 Departure city /	location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transp	ortation		18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·
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	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 15	i/43 Re	port: 17/77
2	FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001		Commission filers)
4	Date	5 Full name of contributor Garver, C. M.	out-of-state PAC(ID#			7 °	Amount of ontribution (\$)
	02/08/2006	6 Contributor address;	City; State; Zip Code	••••••			\$1,000.00
8	Principal occup	ation / Job title (See Instructions	5)	9 Employer (See Ins	structions)		
10	In-kind contribu	tion	···	11 In-kind description	(if applicable)		
	Check if in complete	1-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and ite box 11 if applicable.				
	Name of person	n(s) traveling on whose behalf th					
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [Gissel, L. Henry)	·		Amount of ontribution (\$)
ı	02/24/2006	6 Contributor address; C	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			\$250.00
8	Principal occupa	ation / Job title (See Instructions)	9 Employer (See Inst	tructions)		
10	In-kind contribut	tion		11 In-kind description	(if applicable)		
	Check if in complete b	-kind contribution for travel outsi ooxes 12-18. Otherwise, complete	de Texas and le box 11 if applicable.				
12		(s) traveling on whose behalf th		ttach additional pages if	necessary)	. ,	
13	Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17	Means of transp	ortation	·	18 Purpose of travel			
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	The Instruction	ON GUIDE explains how to com	plete this form.		1	PAGE#			
_	· · · · · · · · · · · · · · · · · · ·		<u> </u>	·	<u> </u>	Schedule: 1	6/43 I	Rep	ort: 18/77
2	FILER NAME	Brown, Peter (Mr.)			3	ACCOUNT # 00000001	(Ethi	cs C	ommission (iters)
ļ	Date	5 Full name of contributor Glassell, Alfred	out-of-state PAC(ID#_		• <u> </u>		7		Amount of ritribution (\$)
	02/28/2006	6 Contributor address;	City; State; Zip Code	•••••• _•	· • • •	• • • • • • • • • •			\$1,000.0
1	Principal occup	eation / Job title (See Instruction	s)	9 Employer (See In	struc	tions)		-	
16	In-kind contribu	tion .		11 In-kind description		·			
	Check if in	n-kind contribution for travel out boxes 12-18. Otherwise, complete	side Texas and ete box 11 if applicable.		. (11 8	тррисавіе)			
12	Name of persor	n(s) traveling on whose behalf the	ne travel was accepted (attach additional pages i	fnec	cessary)			
3	Departure city /	location	14 Departure date	15 Destination city / le	ocati	on		-	16 Arrival date
									•
7	Means of transp	portation .	A <u> </u>	18 Purpose of travel					
į	Date	5 Full name of contributor Goodman, Barry)			7		mount of atribution (\$)
	03/04/2006	6 Contributor address; (City; State; Zip Code	······································	• • •		1		\$500.0
	Principal occupa	ation / Job title (See Instructions	*	9 Employer (See Ins	truct	ions)	<u>. </u>		
0	In-kind contribut	tion	· · · · · · · · · · · · · · · · · · ·	11 In-kind description	(if a	pplicable)			 -
	Check if in complete b	-kind contribution for travel outs ooxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.		•				
2	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	nec	essary)			
3	Departure city /	location	14 Departure date	15 Destination city / lo	catio	on		T	16 Arrival date
7	Means of transp	ortation	, , , , , , , , , , , , , , , , , , , ,	18 Purpose of travel				l_	,
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		CAL CONTRIBI THAN PLEDG		NS			SCHEDULE A
	The Instruction	อง Guide explains how to com	plete this form.	······································	1 PAGE# Schedule: 17	7/43 Ren	port: 19/77
2	FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001		ommission filers)
4	Date	5 Full name of contributor Greater Houston Builders		AC)			Amount of ontribution (\$)
	02/22/2006	6 Contributor address;	City; State; Zip Code		•••••		\$250.00
8	Principal occup	pation / Job title (See Instructions	s)	9 Employer (See Ins	structions)		
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of person	n(s) traveling on whose behalf th	ne travel was accepted (attach additional pages i	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation	:	16 Arrival date
17	Means of trans	portation		18 Purpose of travel		. J	
4	Date	5 Full name of contributor [Greenwood, James	out-of-state PAC(ID#)			amount of ntribution (\$)
	02/24/2006	6 Contributor address; (City; State; Zip Code	••••••			\$100.00
8	Principal occupa	ation / Job title (See Instructions)	9 Employer (See Ins	tructions)		
10	In-kind contribution Check if in complete to	tion -kind contribution for travel outs coxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17	Means of transp	vortation		18 Purpose of travel		1	
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		CAL CONTRIBI THAN PLEDG	JTIONS	NS		(0.2)		SCHEDULE A
	The Instruction	อง Guide explains how to com	plete this form.	1 PAGE # Schedule: 18/43 Report: 20/77				port: 20/77
2	FILER NAME	Brown, Peter (Mr.)			3	3 ACCOUNT # (Ethics Commission filors) 00000001		
4	Date	5 Full name of contributor Haley, Anthony	_					Amount of ontribution (\$)
	02/09/2006 6 Contributor address; City; State; Zip Code				•	\$250.00		
8	Principal occup	pation / Job title (See Instructions	s)	9 Employer (See Ins	struc	ctions)	···	
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
12	Name of person	n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages i	if ned	cessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocati	on		16 Arrival date
17	17 Means of transportation			18 Purpose of travel				
4	Da te	5 Full name of contributor. Haukohi, Mark	out-of-state PAC(ID#)	•			Amount of ontribution (\$)
	02/08/2006	6 Contributor address;	City; State; Zip Code		•••			\$250.00
8	Principal occup	ation / Job title (See Instructions)	9 Emptoyer (See Ins	struct	tions)	•	
10	In-kind contribu Check if in complete it	tion -kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description (if applicable)				
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	f nec	essary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocatio	on		16 Arrival date
1/	Means of transp	ortation .	-	18 Purpose of travel				
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		CAL CONTRIBI THAN PLEDG		NS			SCHEDULE A
Th	e Instruction	ON GUIDE explains how to com	plete this form.	1 PAGE#			
2 FIL	ER NAME	Brown, Peter (Mr.)		Schedule: 19/43 Report: 21/77 3 ACCOUNT # (Ethics Commission file 00000001			
4 [Date	5 Full name of contributor Heaney, J. David				7 .	Amount of ontribution (\$)
03/	03/03/2006 6 Contributor address; City; State; Zip Code					\$2,000.00	
8 Prir	ncipal occur	oation / Job title (See Instructions	5)	9 Employer (See Ins	structions)		
10 In-k	cind contribution Check if in complete	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	11 In-kind description	ı (if applicable)	<u> </u>		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13 Dep	parture city /	location	14 Departure date	15 Destination city / k	ocation	_	16 Arrival date
17 Means of transportation			18 Purpose of travel	•	•		
4 (Date	5 Full name of contributor [Hermis, Henry	out-of-state PAC(ID#_)			Amount of entribution (\$)
02/ ⁻	16/2006	6 Contributor address; (City; State; Zip Code	•••••••••••••••••••••••••••••••••••••••			\$250.00
8 Prin	cipal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)			
10 In-k	ind contribu Check if in complete t	tion -kind contribution for travel outs poxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description (if applicable)			
12 Nan	ne of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	necessary)		
13 Dep	earture city /	location	14 Departure date	15 Destination city / lo	ecation		16 Arrival date
17 Means of transportation			18 Purpose of travel				
					·		

OTHER THAN PL	EDGES OR LOA	ans	
The INSTRUCTION GUIDE explains ho	w to complete this form.	1 PAGE Sche	# dule: 20/43 Report: 22/77
2 FILER NAME Brown, Peter (Mr.	.)	3 ACCC 0000	UNT # (Ethics Commission filers)
4 Date 5 Full name of con Hill, James	tributor		7 Amount of contribution (\$)
02/24/2006 6 Contributor addr			\$100.00
8 Principal occupation / Job title (See In	nstructions)	9 Employer (See Instructions)	
10 In-kind contribution Check if in-kind contribution for complete boxes 12-18. Otherwis 12 Name of person(s) traveling on whos	se, complete box 11 if applicable.	11 In-kind description (if applicated) attach additional pages if necessary	,
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 5 Full name of cont Hill, William	tributor		7 Amount of contribution (\$)
03/04/2006 6 Contributor addre			\$2,500.00
8 Principal occupation / Job title (See In	nstructions)	9 Employer (See Instructions)	-
10 In-kind contribution Check if in-kind contribution for to complete boxes 12-18. Otherwise	ravel outside Texas and e, complete box 11 if applicable.	11 In-kind description (if applicab	ie)
12 Name of person(s) traveling on whose	e behalf the travel was accepted (a	attach additional pages if necessary	
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrivat date
17 Means of transportation		18 Purpose of travel	
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	CAL CONTRIBUTED OF THAN PLEDG	UTIONS	.NS	(012)40	SCHEDULE A		
The Instruction	ON GUIDE explains how to com	plete this form.	1 PAGE# Schedule: 21/43 Report: 23/77				
2 FILER NAME	Brown, Peter (Mr.)		-	3 ACCOUNT # 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor Horne, Howard	out-of-state PAC(ID#_)		7 Amount of contribution (\$)		
02/15/2006	02/15/2006 6 Contributor address; City; State; Zip Code						
8 Principal occup	pation / Job title (See Instruction	s)	9 Employer (See Instructions)				
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)	<u>.</u>		
12 Name of perso	n(s) traveling on whose behalf t	ne travel was accepted (attach additional pages i	f necessary)			
13 Departure city / location 14 Departure date			15 Destination city / lo	ocation	16 Arrival date		
17 Means of transportation			18 Purposo of travel		·		
4 Date	5 Full name of contributor Houston Apartment Associ		ent Fund		7 Amount of contribution (\$)		
03/04/2006	6 Contributor address;	City; State; Zip Code	••••••		\$500.00		
8 Principal occup	ation / Job title (See Instructions	;)	9 Employer (See Ins	tructions)			
10 In-kind contribu Check if ir complete i	tion h-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)			
12 Name of persor	n(s) traveling on whose behalf th	e Iravel was accepted (a	attach additional pages if	necessary)			
13 Departure city /	focation	14 Departure date	15 Destination city / lo	ocation	16 Arrival date		
17 Means of transportation			18 Purpose of travel .				
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	OTHER	THAN PLEDG	ES OR LOA		_			
	The Instruction	ON GUIDE explains how to comp	plete this form.		1	PAGE # Schedule: 2	2/43 R	eport: 24/77
2	FILER NAME	Brown, Peter (Mr.)			3 /	ACCOUNT # 00000001		s Commission filers)
4	Date	5 Full name of contributor Houston Contractors PAC)	<u> </u>		7	Amount of contribution (\$)
	02/24/2006	6 Contributor address;	City; State; Zip Code	••••••				\$500.00
8	Principal occup	ation / Job title (See Instructions	;)	9 Employer (See Ins	structi	ions)		
	Complete I	i-kind contribution for travel outs boxes 12 18. Otherwise, comple	to box 11 if applicable.	11 In-kind description				
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	f nec	essary)		
13	Departure city /	location	14 Departure date	15 Destination city / k	ocatio	on .		16 Arrival date
17	Means of transp	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [Houston Fire Fighters PAC				•	7	Amount of contribution (\$)
	02/17/2006	6 Contributor address;	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	• • • •			\$3,000.00
8	Principal occupa	ation / Job title (See Instructions)	9 Employer (See Ins	tructio	ons)		
10		tion -kind contribution for travel outsi oxes 12-18. Otherwise, comple		11 In-kind description	(if ap	plicable)		
12	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	nece	essary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	catio	n		16 Arrival date
17	Means of transp	ortation		18 Purpose of travel				
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	The Instruction	אכ Guide explains how to comp	elete this form.		1 PAGE # Schedule: 23	1/43 Rej	port: 25/77
2	FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001	(Ethics C	Commission filers)
4	Date	5 Full name of contributor [Jamail, James	out-of-state PAC(ID#_				Amount of ontribution (\$)
	03/04/2006	6 Contributor address;	City; State; Zip Code				\$500.00 ·
8	Principal occup	ation / Job title (See Instructions		9 Employer (See Ins	structions)		
10	In-kind contribu	tion		11 In-kind description	(if applicable)		
	Check if in	-kind contribution for travel outs	ide Texas and	ļ			
12		n(s) traveling on whose behalf th		L attach additional pages it	f necessary)		
	•	.,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
13	Departure city /	location	14 Departure date	15 Destination city / kg	ocation		16 Arrival date
	, ,						
17	Means of transg	acrtation .		18 Purpose of travel			
.,	wears or transp	onator		16 Purpose of travel			
4	Date	5 Full name of contributor [Jefferson, Howard					Amount of ontribution (\$)
	02/24/2006	6 Contributor address; C	city; State; Zip Code	······································			\$250.00
8	Principal occupa	ation / Job title (See Instructions)	9 Employer (See Ins	tructions)		
10	In-kind contribut	tion		11 In-kind description	(if applicable)		
		-kind contribution for travel outsi poxes 12-18. Otherwise, complet		·			i
12		(s) traveling on whose behalf the		ltach additional pages if	necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date .
17	Means of transp	portation		18 Purpose of travel			·
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Texas Ethics Commission P.O.Box	2070 Austi	n, Texas 78711-2070	(512)46	3-5800 1-800-325-8506
POLITICAL CONTRIBI OTHER THAN PLEDG		ANS		SCHEDULE A
The Instruction Guide explains how to com	plete this form.		1 PAGE# Schedule: 24/	43 Report: 26/77
2 FILER NAME Brown, Peter (Mr.)			3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date 5 Full name of contributor Johnson, Larry	out-of-state PAC(ID#_			7 Amount of contribution (\$)
02/28/2006 6 Contributor address;	City; State; Zip Code			\$1,000.00
8 Principal occupation / Job title (See Instructions	3)	9 Employer (See In:	structions)	
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf the	e travel was accepted (attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / l	ocation	16 Arrival date
17 Means of transportation	.	18 Purpose of travel		
4 Date 5 Full name of contributor [Kiltz, John				7 Amount of contribution (\$)
02/24/2006 6 Contributor address; 0	City; State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Ins	tructions)	
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ide Texas and le box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel	······································	

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 25	/43 Rep	ort; 27/77
2	FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001		ommission filers)
4	Date	5 Full name of contributor King, Darryl	out-of-state PAC(ID#_)			Amount of ntribution (\$)
	03/04/2006	6 Contributor address;	City; State; Zip Code	•••••••			\$500.00
8	Principal occup	ation / Job title (See Instructions	;)	9 Employer (See Ins	structions)	· ·	
	Complete l	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages i	fnecessary)		
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17	Means of transp	portation	<u>L</u>	18 Purpose of travel		1	
4	Date	5 · Full name of contributor [Lamberson-bell, Tomaro	out-of-state PAC(ID#				mount of tribution (\$)
	03/04/2006	6 Contributor address; C	city; State; Zip Code	····		,	\$150.00
8	Principal occupa	ation / Job title (See Instructions)	9 Employer (See Inst	ructions)		
10	In-kind contribut Check if in complete b	tion -kind contribution for travel outsi loxes 12-18. Otherwise, complet	de Texas and le box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of person	(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages if	necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	cation		6 Arrival date
17	Means of transp	ortation		18 Purpose of travel			

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The INSTRUCTION GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 26/	/43 Report: 28/77
2 FILER NAME Brown, Peter (Mr.)			3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date 5 Full name of contributor Lanier, Odysseus	ut-of-state PAC(ID#_)		7 Amount of contribution (\$)
03/04/2006 6 Contributor address;	City; State; Zip Code			\$250.00
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See Ins	structions)	
10 In-kind contribution Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, complete boxes 12-18 on whose behalf to	ete box 11 if applicable.	11 In-kind description		
13 Departure city / location	14 Departure date	15 Destination city / k	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		· · · · · · · · · · · · · · · · · · ·
Date Full name of contributor Lents, Ann	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/03/2006 6 Contributor address;	City; State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructions	5)	9 Employer (See Ins	tructions)	- ,,
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ide Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (a	ittach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / Id	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
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<u>Te</u>	xas Ethics Con	nmission P.O.Box	12070 Austii	n, Texas 78711-2070	(512)46	3-5800	1-800-325-8506
		CAL CONTRIBI THAN PLEDG		INS		s	CHEDULE A
	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 27	/43 Repo	ort: 29/77
2	FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001	(Ethics Co	mmission filers)
4	Date ·	5 Full name of contributor Locke Liddell & Sapp L.L.F	P. PAC		•		mount of tribution (\$)
,	02/24/2006	6 Contributor address;	City; State; Zip Code				\$500.00
8	Principal occup	oation / Job title (See Instruction	s)	9 Employer (See In	structions)		
	Complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description			
12	! Name of persor	n(s) traveling on whose behalf t	he travel was accepted (attach additional pages i	if necessary)		
13	Departure city /	location	14 Departure date	15 Destination city /	ocation	-	16 Arrival date
17	Means of transp	portation		18 Purpose of travel			
4	Date	5 Full name of contributor Longoria, Janiece					mount of tribution (\$)
	02/24/2006	6 Contributor address;	City; State; Zip Code			•	\$500.00
8	Principal occupa	ation / Job title (See Instructions	3)	9 Employer (See Ins	structions)		
10	In-kind contribution Check if in complete to	tion h-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	fnecessary)		
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation	1	6 Arrival date
17	Means of transp	portation		18 Purpose of travel			
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		CAL CONTRIBU THAN PLEDGI		NS				SCHEDULE A
-	The Instruction	ON GUIDE explains how to comp	elete this form.		1	PAGE # Schedule: 28	/43 F	Report: 30/77
2	FII FR NAME	Brown, Peter (Mr.)			3	ACCOUNT# 00000001		s Commission filors)
4	Date	5 Full name of contributor Mach. Cora	out-of-state PAC(ID#				7	Amount of contribution (\$)
	02/28/2006	6 Contributor address;	City; State; Zip Code		• •			\$500.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Ins	tru	ctions)		
10	In-kind contribu	ition	· · · · · · · · · · · · · · · · · · ·	11 In-kind description	(if	applicable)		<u> </u>
	Check if in complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	•	•			
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages if	ne	cessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	cat	ion		16 Arrival date
17	Means of trans	portation		18 Purpose of travel				
_								

4	Date	5 Full name of contributor Martinez, David				7	Amount of contribution (\$)
	03/04/2006	6 Contributor address;	City; State; Zip Code				\$1,000.00
8	Principal occup	ation / Job title (See Instructions	s)	9	Employer (See Instructions)		
10	In-kind contribu Check if in complete i	tion s-kind contribution for travel outs poxes 12-18. Otherwise, comple	side Texas and ate box 11 if applicable.	11	In-kind description (if applicable)	•	
12	Name of persor	n(s) traveling on whose behalf the	ne travel was accepted (a	ttach	additional pages if necessary)		
13	Departure city /	location	14 Departure date	15	Destination city / location		16 Arrival date
17	Means of transp	portation		18	Purpose of travel		1

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The INSTRUCTION GUIDE explains how to com	plete this form.	;	1 PAGE # Schedule: 29	/43 Rei	oort: 31/77
2 FILER NAME Brown, Peter (Mr.)			3 ACCOUNT # 00000001		Commission filers)
4 Date 5 Full name of contributor Mobley, Richard	ut-of-state PAC(ID#_				Amount of ontribution (\$)
02/24/2006 6 Contributor address;	City; State; Zip Code				\$100.00
8 Principal occupation / Job title (See Instructions	s) .	9 Employer (See Ins	structions)		
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ete box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (attach additional pages i	f necessary)		
13 Departure city / location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
17 Means of transportation		18 Purpose of travel			
4 Date 5 Full name of contributor [Morris, Fan				7 0	Amount of entribution (\$)
03/02/2006 6 Contributor address; 0	City; State; Zip Code				\$100.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Ins	tructions)		•.
10 In-kind contribution Check if in-kind contribution for travel cuts complete boxes 12-18. Otherwise, complete	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)		• !
13 Departure city / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of transportation	•	18 Purpose of travel		<u>.</u>	

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The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 30	/43 Rep	port: 32/77
2 FILER NAME Brown, Peter (Mr.)			3 ACCOUNT # 00000001		commission filers)
4 Date 5 Full name of contributor Morris, Suzanne					Amount of ontribution (\$)
02/18/2006 6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		·	\$250.00
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See Ins	structions)		
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	etc box 11 if applicable.	11 In-kind description		•	
12 Name of person(s) traveling on whose behalf the	he travel was accepted (attach additional pages i	f necessary)		
13 Departure city / location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17 Means of transportation		18 Purpose of travel			
4 Date 5 Full name of contributor Morris, William	_		i		Amount of ntribution (\$)
02/24/2006 6 Contributor address; 0	City; State; Zip Code	*************			\$250.00
8 Principal occupation / Job title (See Instructions	5)	9 Employer (See Ins	tructions)		
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of person(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)		
13 Departure city / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of transportation	· · · · · · · · · · · · · · · · · · ·	18 Purpose of travel			
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The Instruction Guide explains how to comp	plete this form.		1 PAGE# Schedule: 31	/43 Rej	port: 33/77
2 FILER NAME Brown, Peter (Mr.)			3 ACCOUNT# 00000001	(Ethics C	commission filers)
4 Date 5 Full name of contributor Mullinax, Ronald	ut-of-state PAC(ID#_				Amount of ontribution (\$)
02/24/2006 6 Contributor address;	City; State; Zip Code				\$500.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See Ins	structions)		
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete to the complete boxes 12-18.	ete box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages II	r necessary)		
13 Departure city / location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17 Means of transportation		18 Purpose of travel			
4 Date 5 Full name of contributor [Page-Pryde, Suzanne	out-of-state PAC(ID#)			Amount of ntribution (\$)
02/24/2006 6 Contributor address; (City; State; Zip Code	• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		\$100.00 ¹
8 Principal occupation / Job title (See Instructions		9 Employer (See Ins	tructions)		
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		÷
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages if	necessary)		
13 Departure city / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of transportation		18 Purpose of travel			

Schedule: 32/43 Report: 34/7 2 FILER NAME Brown, Potor (Mr.) 3 ACCOUNT # (Chics Commission 00000001 4 Date 5 Full name of contributor out-of-state PAC(ID#	ı filers)
Paull, J. contribution 02/06/2006 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution Check if In-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Amix 17 Means of transportation 18 Purpose of travel 19 Out-of-state PAC(ID#	ר (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arriv 17 Means of transportation 18 Purpose of travel 19 Tamount of contributor contributor contributor Contributor Contribution 19 O3/04/2006 10 Contributor address; City; State, Zip Code	\$250.0
10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arm 17 Means of transportation 18 Purpose of travel 7 Amount of contribution 03/04/2006 6 Contributor address; City; State; Zip Code	
Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arriv 17 Means of transportation 18 Purpose of travel Date 5 Full name of contributor out-of-state PAC(ID#	
13 Departure city / location 14 Departure date 15 Destination city / location 16 Arriv 17 Means of transportation 18 Purpose of travel 19 Date 5 Full name of contributor out-of-state PAC(ID#	
17 Means of transportation 18 Purpose of travel 18 Date 5 Full name of contributor out-of-state PAC(ID#) 7 Amount of contribution 03/04/2006 6 Contributor address; City; State; Zip Code	
4 Date 5 Full name of contributor out-of-state PAC(ID#) 7 Amount of contribution 03/04/2006 6 Contributor address; City; State; Zip Code	al date
Reddish, Harold contribution 03/04/2006 6 Contributor address; City; State; Zip Code	
03/04/2006 6 Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	\$500.0
	
10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<u> </u>
2 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)	
3 Departure city / location 14 Departure date 15 Destination city / location 16 Arriva	al date
7 Means of transportation 18 Purpose of travel	
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POLITICAL CONTRIBUTIONS

	UINEK	THAN PLEUG	ES UK LUA				· .
	The Instruction	ON GUIDE explains how to com		1 PAGE# Schedule: 33/43 Report: 35/77			
2	FILER NAME	FILER NAME Brown, Peter (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4	Date	5 Full name of contributor Redeker, Janet	ut-of-state PAC(ID#_			7	Amount of ontribution (\$)
	02/10/2006 6 Contributor address; City; State; Zip Code						\$150.00
8	Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)			
	complete I	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	11 In-kind description (if applicable)				
12	Name of persor	n(s) traveling on whose behalf th	ne travel was accepted (attach additional pages i	f necessary)	•	:
13	Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of transportation				18 Purpose of travel			
4	Date	Date 5 Full name of contributor ut-of-state PAC(ID#_Reliant Energy PAC					
03/04/2006 6 Contributor address; City; State; Zip Code							\$1,000.00
8 Principal occupation / Job title (See Instructions)				9 Employer (See Instructions)			
10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.				11 In-kind description (if applicable)			
12	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages il	necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ecation		16 Arrival date
17	Means of transp	portation		18 Purpose of travel	·		
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OTHER	THAN PLEDG		.NO					
The Instruction	พ Guide explains how to comp		1 PAGE # Schedule: 34/43 Report: 36/77					
2 FILER NAME	Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001					
4 Date	Date 5 Full name of contributor out-of-state PAC(ID# Robortson, James					Amount of ontribution (\$)		
02/24/2006	6 Contributor address:			. ·	\$500.00			
8 Principal occup	ation / Job title (See Instructions	9 Employer (See Instructions)						
complete t	-kind contribution for travel outs poxes 12-18. Otherwise, comple	11 In-kind description (if applicable)						
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13 Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date		
17 Means of transp	oortation	18 Purpose of travel						
4 Date	Date 5 Full name of contributor out-of-state PAC(ID#_Robinson, Margaret) 7 Amount of contribution (\$)				
02/24/2006	6 Contributor address; C				\$100.00			
8 Principal occupa	ation / Job title (See Instructions	9 Employer (See Instructions)						
	ion -kind contribution for travel outs oxes 12-18. Otherwise, comple	11 In-kind description (if applicable)						
12 Name of person	(s) traveling on whose behalf th	e travel was accepted (a	itach additional pages if	necessary)				
13 Departure city /	location	14 Departure date	15 Destination city / Id	cation		16 Arrival date		
17 Means of transportation			18 Purpose of travel					
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02/24/2006

17 Means of transportation

6 Contributor address;

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	The Instructi	ION GUIDE explains how to com	plete this form.		1		5/43	Report: 37/77		
2	FILER NAME	Brown, Peter (Mr.)			3	ACCOUNT # 00000001		ics Commission filers)		
4	Date	5 Full name of contributor Ron, Avishai	ut-of-state PAC(ID#_)	•		7	Amount of contribution (\$)		
	03/03/2006	6 Contributor address;	City; State; Zip Code		• •	• • • • • • • • • • • • • • • • • • • •		\$2,000.00		
8	Principal occup	Dation / Job title (See Instructions	s)	9 Employer (See Ins	stru	ctions)	<u>!</u>			
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and	11 In-kind description	(if	applicable)				
12		n(s) traveling on whose behalf th		attach additional pages i	f ne	cessary)	·			
13	Departure city	/ location	14 Departure date	15 Destination city / lo	ocat	ion	_	16 Arrival date		
17	Means of trans	portation		18 Purpose of travel						
1	Date	5 Full name of contributor [Saour, Saib	out-of-state PAC(ID#)			7	Amount of contribution (\$)		

• Findparocci	upation / Job title (See Instruction	s)	9 Employer (See Instructions)	
	oution in-kind contribution for travel outs e boxes 12-18. Otherwise, comple		11 In-kind description (if applicable)	
12 Name of pers	on(s) traveling on whose behalf the	ne travel was accepted (attach additional pages if necessary)	
13 Departure city	//location	14 Departure date	15 Destination city / location	16 Arrival date

18 Purpose of travel

City; State; Zip Code

\$1,000.00

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The Instruction Guide explains how to comp	plete this form.		1 PAGE# Schedule: 36/43 Re	eport: 38/77
2 FILER NAME Brown, Peter (Mr.)				Commission filers)
4 Date 5 Full name of contributor Scott, Thelma	out-of-state PAC(ID#_)	7	Amount of contribution (\$)
02/24/2006 6 Contributor address;	City; State; Zip Code	······································		\$250.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See In	structions)	
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ete box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / I	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		. <u> </u>
4 Date 5 Full name of contributor [Shanley, Kevin	out-of-state PAC(ID#_		7	Amount of contribution (\$)
02/24/2006 6 Contributor address;	City; State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See Ins	tructions)	
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete		11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / Id	ocation	16 Arrival date
17 Means of transportation	<u></u>	18 Purpose of travel		

	OTHER							
	The Instruction	พ Guide explains how to com	plete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE Sche		7/43 R	eport: 39/77
2	FILER NAME	Brown, Peter (Mr.)			3 ACCC	UNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor Sreerama, Karunakar	out-of-state PAC(ID#_)	<u>. </u>		7	Amount of contribution (\$)
	02/24/2006	6 Contributor address;	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	•••••	,		\$1,000.00
8	Principal occup	ation / Job title (See Instruction	s)	9 Employer (See In:	structions)		!	
	Complete I	tion kind contribution for travel outs ooxes 12-18. Otherwise, comple n(s) traveling on whose behalf the	ete box 11 if applicable.	11 In-kind description				
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation .			16 Arrival date
17	Means of transp	portation		18 Purpose of travel				
4	Date	5 Full name of contributor	out-of-state PAC(ID#	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			7	Amount of
		Taub, Carolyn		/				contribution (\$)
	02/24/2006	************						\$250.00
8		6 Contributor address; (City; State; Zip Code					contribution (\$)
8	Principal occupa In-kind contribut Check if incomplete b	6 Contributor address; (and the contribution of the contribution for travel outs oxes 12-18. Otherwise, comple	City; State; Zip Code i) ide Texas and te box 11 if applicable.	9 Employer (See Ins 11 In-kind description	tructions) (if applicab			contribution (\$)
8	Principal occupa In-kind contribut Check if incomplete b	6 Contributor address; (and the contribution of the contribution for travel outs	City; State; Zip Code i) ide Texas and te box 11 if applicable.	9 Employer (See Ins 11 In-kind description	tructions) (if applicab			contribution (\$)
10	Principal occupa In-kind contribut Check if incomplete b	6 Contributor address; (and the contribution of the contribution for travel outs oxes 12-18. Otherwise, completes) traveling on whose behalf the contribution on whose behalf the contribution or travel outs oxes 12-18. Otherwise, completes the contribution of the con	City; State; Zip Code i) ide Texas and te box 11 if applicable.	9 Employer (See Ins 11 In-kind description	tructions) (if applicab necessary)			contribution (\$)
10	Principal occupa In-kind contribut Check if incomplete b Name of person	6 Contributor address; Contributor address; Contributor address; Contribution for travel outs oxes 12-18. Otherwise, comple (s) traveling on whose behalf the ocation	City; State; Zip Code ide Texas and te box 11 if applicable. e travel was accepted (a	9 Employer (See Ins 11 In-kind description ttach additional pages if	tructions) (if applicab necessary)			\$250.00
10	Principal occupa In-kind contribut Check if incomplete b Name of person Departure city / I	6 Contributor address; Contributor address; Contributor address; Contribution for travel outs oxes 12-18. Otherwise, comple (s) traveling on whose behalf the ocation	City; State; Zip Code ide Texas and te box 11 if applicable. e travel was accepted (a	9 Employer (See Ins 11 In-kind description Itach additional pages if	tructions) (if applicab necessary)			\$250.00
10	Principal occupa In-kind contribut Check if incomplete b Name of person Departure city / I	6 Contributor address; Contributor address; Contributor address; Contribution for travel outs oxes 12-18. Otherwise, comple (s) traveling on whose behalf the ocation	City; State; Zip Code ide Texas and te box 11 if applicable. e travel was accepted (a	9 Employer (See Ins 11 In-kind description Itach additional pages if	tructions) (if applicab necessary)			\$250.00

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The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE#	3/43 Report: 40/77
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor Todd, Tyler	out-of-state PAC(ID#_	,	·	7 Amount of contribution (\$)
03/03/2006	6 Contributor address;	City; State; Zip Code			\$100.00
8 Principal occupa	ation / Job title (See Instruction	5)	9 Employer (See Ins	structions)	
Complete b	-kind contribution for travel outs ooxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description	· 	
12 Name of person	(s) traveling on whose behalf the	ne travel was accepted (attach additional pages i	f necessary)	
13 Departure city /	location	14 Departure date	15 Destination city / k	ocation	16 Arrival date
17 Means of transp	ortation		18 Purpose of travel		
4 Date	5 Full name of contributor TSC Fund				7 Amount of contribution (\$)
02/24/2006	6 Contributor address;	City; State; Zip Code			\$500.00
B Principal occupa	ntion / Job title (See Instructions)	9 Employer (See Ins	tructions)	
10 In-kind contributi Check if in- complete bo	ion kind contribution for travel outs oxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person((s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages if	necessary)	
13 Departure city / k	ocation	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transpo	ortation		18 Purpose of travel		
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The Instruction Guide explains how to comp	plete this form.		1 PAGE # Schedule: 39/	/43 Rei	port; 41/77
2 FILER NAME Brown, Peter (Mr.)			3 ACCOUNT# 00000001		Commission filers)
4 Date 5 Full name of contributor Ulmer, Kenneth	out-of-state PAC(ID#_				Amount of ontribution (\$)
02/18/2006 6 Contributor address;	City; State; Zip Code				\$250.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See In:	structions)		· · · · · · · · · · · · · · · · · · ·
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete		11 In-kind description	ı (if applicable)		
12 Name of person(s) traveling on whose behalf the	he travel was accepted (attach additional pages i	f necessary)		
13 Departure city / location	14 Departure date	15 Destination city / I	ocation	;	16 Arrival date
17 Means of transportation	<u> </u>	18 Purpose of travel			
4 Date 5 Full name of contributor Underwood, Harold	ut-of-state PAC(ID#_				Amount of ontribution (\$)
02/24/2006 6 Contributor address;	City; State; Zip Code				\$100.00
8 Principal occupation / Job title (See Instructions	3)	9 Employer (See Ins	structions)		
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages i	necessary)		
13 Departure city / location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17 Means of transportation	· · · · · · · · · · · · · · · · · · ·	18 Purpose of travel			
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The Instruct	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 40/	/43 Rep	ort: 42/77
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001	(Ethics Commission filers)	
4 Date	5 Full name of contributor Wallace, Judy	ut-of-state PAC(ID#_				Amount of ntribution (\$)
03/01/2006	6 Contributor address;	City; State; Zip Code				\$100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				structions)		
	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	11 In-kind description	(if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
13 Departure city	/ location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel		•	
4 Date	5 Full name of contributor (Watson, Allen					mount of ntribution (\$)
02/24/2006	6 Contributor address;	City; State; Zip Code				\$250.00
8 Principal occu	pation / Job title (See Instructions	;)	9 Employer (See Ins	tructions)		
10 In-kind contrib	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			

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plete this form.		1 PAGE # Schedule: 41	/43 Re	port: 43/77	
	:	3 ACCOUNT# 00000001	(Ethics Commission filers)		
out-of-state PAC(ID#_)		7	Amount of ontribution (\$)	
				\$250.00	
ns)	9 Employer (See Ins	structions)			
Iside Texas and lote box 11 if applicable.					
ine travel was accepted (attach additional pages i	r necessary)			
14 Departure date	15 Destination city / ld	ocation		16 Arrival date	
	18 Purpose of travel			<u> </u>	
				Amount of ontribution (\$) \$1,000.00	
s)	9 Employer (See Ins	tructions)			
side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)			
he travel was accepted (a	attach additional pages if	necessary)	, , ,		
14 Departure date	15 Destination city / lo	cation		16 Arrival date	
	18 Purpose of travel		i		
	city; State; Zip Code side Texas and cto box 11 if applicable. the travel was accepted (14 Departure date out-of-state PAC(ID#_ City; State; Zip Code s) side Texas and cto box 11 if applicable. the travel was accepted (the trave	city; State; Zip Code 11 In-kind description	1 PAGE # Schedule: 41 3 ACCOUNT # 00000001 Out-of-state PAC(ID#	plete this form. 1 PAGE # Schedule: 41/43 Re 3 ACCOUNT # (Ethics of 000000001 out-of-state PAC(ID#	

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The Instructi	on Guide explains how to comp	plete this form.	-	1 PAGE# Schedule: 42	2/43 Rep	port: 44/77
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001		commission filers)
4 Date	5 Full name of contributor Wilson, Welcome	out-of-state PAC(ID#_		-		Amount of ontribution (\$)
02/24/2006	6 Contributor address:	City; State; Zip Code				\$500.00
8 Principal occur	pation / Job title (See Instructions	s)	9 Employer (See In	structions)		
10 In-kind contribution Check if it complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and stee box 11 if applicable.	11 In-kind description	n (if applicable)		
12 Name of perso	on(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	f necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation	:	16 Arrival date
17 Means of trans	portation'	<u> </u>	18 Purpose of travel			
4 Date	5 Full name of contributor Winstead Sechrest & Minic			· ·		Amount of ntribution (\$)
02/24/2006	6 Contributor address; 0	City; State; Zip Code				\$1,000.00
8 Principal occup	pation / Job title (See Instructions	;)	9 Employer (See Ins	structions)		
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages i	f necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel		. [
			<u> </u>			

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 43/43 Report: 45/77 2 FILER NAME Brown, Peter (Mr.) 3 ACCOUNT # (Ethics Commission filers) 00000001 Date 5 Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) 02/24/2006 6 Contributor address; City; State; Zip Code \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departuré date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel Date 5 Full name of contributor ut-of-state PAC(ID#_ Amount of Yoo, Jason contribution (\$) 6 Contributor address; 02/24/2006 City; State; Zip Code \$500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel

POLITI	POLITICAL EXPENDITURES					8	CHEDULE F
The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 1/22 Report: 46/77			
2 FILER NAME	Brown, Peter (Mr.)			3	ACCOUNT # 00000001	(Ethics	Commission filers)
4 Date	5 Payee name A & E Products Inc.			L		7	Amount (\$)
06/01/2006	City; State; Zip Code		• • •			\$222.70	
8 Purpose of par (See instruction Printing	required.)	9 · · Complete if direct Candidate / Officehol			efit Cand	lidate/Officeholder ' *	
			Office sought:				*
Payment fo	Payment for travel outside Texas (complete boxes 10-16)						
			Office held:				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / k	ocat	ion		14 Arrival date
					•		
15 Means of trans	portation		16 Purpose of travel				,
4 Date	5 Payee name A & E Products Inc.				· ·	7	Amount (\$)
06/01/2006	6 Payee address; C	City; State; Zip Code	••••••	• • •			\$164.00
	1000 Main	ony, Glate, Zip Gode					
	Houston, TX 77002			•		·	
8 Purpose of pay (See instruction Printing	ment ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold			efit Cand	idate/Officeholder **
			Office sought:				
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:				
	n(s) traveling on whose behalf th	<u>.</u>	was made (attach additio	onal	pages if neces	sary)	
11 Danastura eite	location	12 Departure date	13 Destination city / lo	2004	200		14 Arrival date
11 Departure city / location 12 Departure date			i a Desurration city / ic	المضاد	JII		r+ Amvardate
15 Means of transportation			16 Purpose of travel				
is weans or transportation			- 1 mpose of travel				
		-					
							:

POLIT	POLITICAL EXPENDITURES						SCHEDULE F
The Instructi	ON GUIDE explains how to com	olete this form.		1	PAGE # Schedule: 2/2	22 Rep	port: 47/77
2 FILER NAME	Brown, Peter (Mŕ.)			3	ACCOUNT # 00000001	(Ethics	Commission filers)
4 Date	5 Payee name A. Philip Randolph Insti	tuto		<u> </u>		7	Amount (\$)
02/01/2006	City; State; Zip Code					\$85.00	
8 Purpose of pa (See instruction Advertiseme	ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol	der	penditure to ben name:	efit Can	didate/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought:		•		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date			13 Destination city / k	ocat	ion		14 Arrival date
15 Means of trans	portation	<u>. </u>	16 Purpose of travel				<u>. </u>
4 Date	5 Payee name Advarion Inc.				<u></u>	7	Amount (\$)
02/06/2006	6 Payee address; C PO Box 540183 Houston, TX 77254	ity; State; Zip Code					\$1,000.00
8 Purpose of pay (See instruction Website Setu	ns regarding type of information	required.)	9 · · Complete If direct Candidate / Officehold	exp der r	enditure to bene name:	efit Cand	lidate/Officeholder **
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	onal	pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	cati	on		14 Arrival date
15 Means of transp	portation		16 Purpose of travel	<u>. </u>	·		
			, , , , , , , , , , , , , , , , , , ,				

POLITI	CAL EXPENDIT	TURES			s	CHEDULE F	
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 3/2	2 Repo	ort: 48/77	
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001	(Ethics C	Commission filers)	
4 Date	e 5 Payee name 7 Advarion Inc.				7	7 Amount (\$)	
06/01/2006 6 Payee address; City; State; Zip Code 3121 Buffalo Speedway Suite 3405 Houston, TX 77098					\$2,675.95		
8 Purpose of payment (See instructions regarding type of information required.) Laptop & Printer Purchase 9 ** Complete if direct expenditure to ben Candidate / Officeholder name:						lidate/Officeholder **.	
☐ Payment fo	Office sought: Office held:						
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	13 Destination city / lo		14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel				
4 Date	5 Payee name Antioch Missionary Bap	tist Church			7 Amount (\$)		
02/09/2006	6 Payee address; C 3803 Luca St. Houston, TX 77021	City; State; Zip Code				\$125.00 ·	
8 Purpose of pay (See instruction Advertisemen	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold		fit Candi	date/Officeholder **	
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	nal pages if necessa	агу)		
11 Departure city /	location	12 Departure date	13 Destination city / location 14 Arr			14 Arrival date	
15 Means of transp	portation	16 Purpose of travel					

POLITI	S	CHEDULE F				
The Instruction	אס Guine explains how to com	plete this form.		1 PAGE# Schedule: 4/2	2 Repo	ort: 49/77
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001	(Ethics C	Commission filers)
4 Date	5 Payee name Artista				7	Amount (\$)
06/01/2006 6 Payee address; City; State; Zip Code 800 Bagby Houston, TX 77002						\$54.00
8 Purpose of pay (See instruction Campaign M	ns regarding type of information	9 · · Complete if direc Candidate / Officehol		efit Cand	lidate/Officeholder **	
Office sou Payment for travel outside Texas (complete boxes 10-16) Office held						
10 Name of person	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal pages if necess	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel			
4 Date	5 Payee name AT&T				7	Amount (\$)
06/16/2006	6 Payee address; C PO Box 650661 Dallas, TX 75265	ity; State; Zip Code	••••			\$616.56
8 Purpose of pay (See instruction Telephone	ment ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	expenditure to bene der name:	fit Candi	date/Officeholder
Payment for	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf the	e expenditure for travel	I was made (attach additio	onat pages if necess	ary)	
11 Departure city /	location	13 Destination city / location			14 Arrival date	
15 Means of transp	portation	16 Purpose of travel		1		
			I			

POLITICAL EXPENDIT	TURES					SCHEDULE F
The Instruction Guide explains how to comp	plete this form.		1	PAGE # Schedule: 5/	22 Rep	ort: 50/77
2 FILER NAME Brown, Peter (Mr.)			3	ACCOUNT # 00000001	(Ethics	Commission filers)
4 Date 5 Payee name Buffalo Soldiers Nation:	al Museum				7	Amount (\$)
01/31/2006 6 Payee address; 6 1834 Southmore Blvd. Houston, TX 77004	City; State; Zip Code				:	\$175.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship 9 ** Complete if direct expenditure to benefit Candidate / Officeholder name:					nefit Can	didate/Officeholder **
Payment for travel outside Texas (complete	Office sought:	-		,		
10 Name of person(s) traveling on whose behalf the			onal	pages if neces	sary)	
11 Departure city / location	12 Departure date	13 Destination city / location				14 Arrival date
15 Means of transportation		16 Purpose of travel				•
4 Date 5 Payee name Card Service Internation	nal				7	Amount (\$)
02/07/2006 6 Payee address; C P.O.Box 5180 Simi Valley, CA 93062	ity; State; Zip Code					\$67.95
8 Purpose of payment (See instructions regarding type of information recordit Card Processing Fees	required.)	9 · · Complete if direct of Candidate / Officehold	expe	enditure to bend eame:	efit Cand	idate/Officeholder
☐ Payment for travel outside Texas (complete	boxes 10-16)	Office sought:				
10 Name of person(s) traveling on whose behalf the	expenditure for travel v	vas made (attach additio	nalı	pages if necess	агу)	
11 Departure city / location •	12 Departure date	13 Destination city / location			Ü	14 Arrival date
15 Means of transportation	16 Purpose of travel					
			,	·		

exas Ethics Con	Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070			(512)46	i3-5800	1-800-325-850
POLITI	CAL EXPENDIT	TURES			s	CHEDULE F
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 6/2	22 Repo	ort: 51/77
2 FILER NAME	Brown, Peter (Mr.)	-		3 ACCOUNT# 00000001	(Ethics C	Commission filers)
4 Date	5 Payee name Card Service Internatio	nal	•		7	Amount (\$)
02/28/2006	6 Payee address; 6 P.O.Box 5180 Simi Valley, CA 93062	City; State; Zip Code		······································		\$68.26
•	I yment ins regarding type of information Processing Fees	required.)	9 · · Complete if direc Candidate / Officeho		1 efit Cand	idate/Officeholder ••
<u> </u>			Office sought:			
	or travel outside Texas (complete	Office held:				
10 Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	l was made (attach addit	ional pages if neces	sary)	
44.5		1.0	T"2			
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocation		14 Arrival date
15 Means of trans	sportation	I	16 Purpose of travel		<u>,</u> :	
4 Date	5 Payee name Card Service Internation	nal			7 .	Amount (\$)
03/07/2006						\$68.26
00,01,200	P.O.Box 5180	City; State; Zip Code			İ	\$50.20
•	Simi Valley, CA 93062		. •			•
	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol		efit Candi	idate/Officeholder **
Credit Card F	Processing Fees			·		
		-	Office sought:			
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
11 Departure city i	/ location	12 Departure date	13 Destination city / k	ocation		14 Arrival date
15 Means of trans	portation		16 Purpose of travel	,		
			<u> </u>			

POLITI	POLITICAL EXPENDITURES					
The Instruction	אס Guide explains how to comp	plete this form.		1 PAGE # Schedule: 7/2	2 Repo	ort: 52/77
2 FILER NAME	Brown, Peter (Mr.)	• .		3 ACCOUNT # 00000001	(Ethics C	Commission filers)
4 Date	4 Date 5 Payee name Card Service International				7	Amount (\$)
04/04/2006 6 Payee address; City; State; Zip Code P.O.Box 5180 Simi Valley, CA 93062				,		\$67.95
8 Purpose of payment (See instructions regarding type of information required.) Credit Card Processing Fees 9 ** Complete if direct expenditure to ber Candidate / Officeholder name:					efit Cand	lidate/Officeholder
l			Office sought:			
Payment for travel outside Texas (complete boxes 10-16) Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessal						
10 Name of perso	n(s) traveling on whose behalf tr	ne expenditure for travel	was made (attach additi	onal pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of trans	portation		16 Purpose of travel			
4 Date	5 Payee name Card Service Internation	nal			7 Amount (\$)	
04/04/2006	6 Payee address; C P.O.Box 5180 Simi Valley, CA 93062	city; State; Zip Code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$75.00
8 Purpose of pay (See instruction Account Clos	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold		fit Candi	date/Officeholder
☐ Payment fo	or travel outside Texas (complete	hoves 10.16)	Office sought: Office held:			
	n(s) traveling on whose behalf th	i		onal pages if necess.	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo		ı	14 Arrival date
15 Means of transportation			16 Purpose of travel	· · · · · · · · · · · · · · · · · · ·		·

POLITI	CAL EXPENDIT	<u> </u>	70,11, 20,0		<u> </u>	S	SCHEDULE F
The Instructi	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 8/22 Report: 53/77			ort: 53/77
2 FILER NAME	Brown, Peter (Mr.)			3	ACCOUNT # 00000001		Commission filers)
4 Date	5 Payee name Card Service Internation	nal		I		7	Amount (\$)
05/01/2006	6 Payee address; P.O.Box 5180 Simi Valley, CA 93062	City; State; Zip Code		••	•••••		\$67.95
8 Purpose of payment (See instructions regarding type of information required.) Credit Card Processing Fees 9 ** Complete if direct expenditure to Candidate / Officeholder name:				penditure to ben name:	efit Cand	didate/Officeholder ••	
☐ Payment fo	Office sought: Office held:		•				
10 Name of perso	n(s) traveling on whose behalf ti	ne expenditure for travel	was made (attach additi	ona	pages if necess	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location				ion		14 Arrival date	
15 Means of trans	portation	<u>. </u>	16 Purpose of travel				
4 Date	5 Payee name Cardenas, Max					7	Amount (\$)
01/01/2006	6 Payee address; C 3811 Moore Houston, TX 77009	City; State; Zip Code					\$1,250.00
8 Purpose of pay (See instruction Contract Lab	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	exp der r	enditure to bene pame:	fit Cand	idate/Officeholder **
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach addition	onal	pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / location 14 Arr			14 Arrival date	
15 Means of transp	16 Purpose of travel						
,							

POLITI	CAL EXPENDIT	TURES		-	(012)40		SCHEDULE F	
The Instruction	ON GUIDE explains how to comp	olete this form.		1	1 PAGE # Schedule: 9/22 Report: 54/77			
2 FILER NAME	Brown, Peter (Mr.)			3			Commission filers)	
4 Date	5 Payee name Cardenas, Max			<u> </u>		7	7 Amount (\$)	
01/20/2006 6 Payee address; City; State; Zip Code 3811 Moore Houston, TX 77009					•••••		\$115.26	
8 Purpose of payment (See instructions regarding type of information required.) Mileage 9 ** Complete if dire Candidate / Officeho					penditure to ben name:	efit Cano	didate/Officeholder **	
Payment fo	Office sought:							
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal	pages if neces	sary)		
11 Departure city	11 Departure city / location 12 Departure date 13 Destination city / location						14 Arrival date	
15 Means of trans	portation	-	16 Purpose of travel					
4 Date	5 Payee name Frame Work Inc.	***************************************	I			7	Amount (\$)	
02/06/2006	6 Payee address; C 4914 Dickson Houston, TX 77009	ity; State; Zip Code		•••			\$100.00	
8 Purpose of pay (See instruction Frames for M	ns regarding type of information i	required.)	9 ** Complete if direct Candidate / Officehold			L efit Candi	idate/Officeholder	
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additio	nal	pages if necess	ary)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	Destination city / location			14 Arrival date	
15 Means of transp		16 Purpose of travel						

exas Ethics Cor	mmission P.O.Box 120	70 Austin, Texas	s 78711 - 2070	(512)4	63-5800 1-800-325-8s
POLIT	ICAL EXPEND	TURES			SCHEDULE F
The Instructi	ION GUIDE explains how to co	mplete this form.		1 PAGE# Schedule: 10	0/22 Report: 55/77
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Payee name Griffin, Kathryn				7 Amount (\$)
01/01/2006	6 Payee address; 3911 Main St. Houston, TX 77002	City; State; Zip Code	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$147.55
8 Purpose of pa (See Instruction Travel Exper	ons regarding type of information	n required.)	9 • Complete if direc Candidate / Officehol	t expenditure to ben der name:	efit Candidate/Officeholder **
			Office sought:		
Payment fo	or travel outside Texas (comple	ete boxes 10-16)	Office held:	•	
10 Name of perso	n(s) traveling on whose behalf	the expenditure for trave	I was made (attach additi	onal pages if neces	sary)
11 Departure city	/ location	12 Departure date	13 Destination city / In	ocation	14 Arrival date
5 Means of trans	portation	· · · · · · · · · · · · · · · · · · ·	16 Purpose of travel		
l Date	5 Payee name Griffin, Kathryn		<u> </u>		7 Amount (\$)
02/06/2006	6 Payee address; 3911 Main St. Houston, TX 77002	City; State; Zip Code			\$199.40
	rment ns regarding type of information es Reimbursement	n required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene der name:	efit Candidate/Officeholder **
			Office sought:		
Payment fo	r travel outside Texas (complet	e boxes 10-16)	Office held:		
Name of persor	n(s) traveling on whose behalf t	he expenditure for travel	was made (attach additio	onal pages if necess	ary)
11 Departure city / location 12 Departure date			13 Destination city / lo	14 Arrival date	
5 Means of transp	portation		16 Purpose of travel	····	
				<u> </u>	
	·				

POLITICAL EXPENDITURES						. s	CHEDULE F
The Instruction Guide	explains how to comp	plete this form.		1	PAGE # Schedule: 11	/22 Re	port: 56/77
2 FILER NAME Brown	ı, Peter (Mr.)			3	ACCOUNT # 00000001	(Ethics (Commission filers)
4 Date 5 Pay Jac	ree name kson, Ron					7	Amount (\$)
02/18/2006 6 Payee address; City; State; Zip Code 5718 Overdate Houston, TX 77033							\$500.00
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor 9 ** Complete if direct expenditure to be Candidate / Officeholder name:						nefit Cano	didate/Officeholder **
Office soug							-
Payment for travel outside Texas (complete boxes 10-16) Office held:							
10 Name of person(s) trave	ling on whose behalf th	e expenditure for travel	was made (attach additi	onal	I pages if neces	sary)	
11 Departure city / location		12 Departure date	13 Destination city / location			,	14 Arrival date
15 Means of transportation		j	16 Purpose of travel				
	ee name ss, Sandra					7	Amount (\$)
370	ee address; C 0 Almeda uston, TX 77004	ity; State; Zip Code		•••			\$500.00
8 Purpose of payment (See instructions regard Contract Labor	ing type of information	required.)	9 · · Complete if direct Candidate / Officehold			efit Cand	idate/Officeholder **
Payment for travel or	utside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person(s) travel	ing on whose behalf th	e expenditure for travel v	vas made (attach additio	onal	pages if neces:	sary)	
11 Departure city / location		12 Departure date	13 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of transportation			16 Purpose of travel				
		· · · · · · · · · · · · · · · · · · ·					

16 Purpose of travel

15 Means of transportation

POLITI	CAL EXPENDIT	URES			SCHEDULE F	
The Instruction	эм Guide explains how to comp	plete this form.		1 PAGE# Schedule: 13/	22 Report: 58/77	
2 FILER NAME	Brown, Peter (Mr.)		.	3 ACCOUNT # 00000001	(Ethics Commission filers)	
4 Date 5 Payee name Lone Star Strategies					7 Amount (\$)	
04/11/2006 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063					\$6,000.00	
	vment ns regarding type of information & Compliance	required.)	9 · · Complete If direct Candidate / Officehol	t expenditure to bene der name:	afit Candidate/Officeholder **	
			Office sought:			
Payment for travel outside Texas (complete boxes 10-16) Office held:						
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	eary)	
11 Departure city	Departure city / location 12 Departure date 13 Destination city / location			14 Arrival date		
15 Means of trans	portation	<u>'</u>	16 Purpose of travel			
4 Date	5 Payee name Lone Star Strategies				7 Amount (\$)	
06/06/2006	6 Payee address; C 7670 Woodway Suite 110 Houston, TX 77063	ity; State; Zip Code			\$1,966.08	
	ment ns regarding type of information & Compliance	required.)	9 * Complete if direct Candidate / Officehold		fit Candidate/Officeholder	
			Office sought:	•		
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach addition	onal pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / location		14 Arrival date	
15 Means of transportation			16 Purpose of travel	<u> </u>		

POLITI	CAL EXPENDIT	URES			S	CHEDULE F		
The Instruction	ON GUIDE explains how to comp	olete this form.		1 PAGE# Schedule: 14/	'22 Rep	ort: 59/77		
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001	(Ethics Co	ommission filers)		
4 Date	5 Payee name Lone Star Strategies				7	Amount (\$)		
06/06/2006 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063						\$600.00		
Purpose of payment (See instructions regarding type of information required.) Compliance 9 * Complete if direct expenditure to Candidate / Officeholder name:					efit Candi	date/Officeholder **		
, Office so								
· · · · · · · · · · · · · · · · · · ·	or travel outside Texas (complete	Office held:						
10 Name of perso	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 1			13 Destination city / le	ocation		14 Arrival date		
15 Means of trans	portation	· · · · · · · · · · · · · · · · · · ·	16 Purpose of travel		L			
4 Date	5 Payee name M. J. Khan Campaign				7	Amount (\$)		
02/01/2006	6 Payee address; C 55 Waugh Drive Suite 515 Houston, TX 77007	ity; State; Zip Code				\$250.00		
	rment ns regarding type of information ship Luncheon	required.)	9 · · Complete if direct Candidate / Officehold		fit Candid	late/Officeholder **		
			Office sought:					
	or travel outside Texas (complete		Office held:					
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	vaš made (attach additio	onal pages if necess	ary)			
11 Departure city	location	12 Departure date	13 Destination city / location 14 Arrival date			14 Arrival date		
15 Means of trans	portation	16 Purpose of travel						
14 · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-4			.,,			

POLITI	CAL EXPENDIT	TURES			SCHEDULE F	
The Instruction	ON GUIDE explains how to com	olete this form.		1 PAGE# Schedule: 15/	/22 Report: 60/77	
2 FILER NAME	Brown, Peter (Mr.)	,		3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date	5 Payee name Perez, Nora				7 Amount (\$)	
01/01/2006 6 Payee address; City; State; Zip Code 4542 Rusk Houston, TX 77023					\$284.00	
				expenditure to bene der name:	efit Candidate/Officeholder **	
Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held:						
	n(s) traveling on whose behalf the			onal pages if necess	sary)	
			·	, ,		
11 Departure city	location	12 Departure date	13 Destination city / lo	ocation	14 Arrival date	
15 :Means of trans	portation		16 Purpose of travel			
			·		·	
4 Date	5 Payee name Perspectiva				7 Amount (\$)	
05/08/2006	6 Payee address; C 3401 Louisiana St. Suite 270 Houston, TX 77002	city; State; Zip Code			\$150.00	
8 Purpose of pay (See instruction January Reni	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold		efit Candidate/Officeholder **	
			Office sought:	-		
	r travel outside Texas (complete		Office held:			
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	onal pages if necessa	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / location 14 Arrival date			
15 Means of transportation			16 Purpose of travel		·	

POLITI	POLITICAL EXPENDITURES							CHEDULE F
The Instruction	อง Guide explains how to comp	lete this form.			PAGE # Schedule	e: 16/2	22 Rep	port: 61/77
2 FILER NAME	Brown, Peter (Mr.)				ACCOUN		(Ethics C	commission filers)
4 Date	5 Payee name Perspectiva	•		<u> </u>			7	Amount (\$)
05/08/2006	6 Payee address; C 3401 Louisiana St. Suite 270 Houston, TX 77002	City; State; Zip Code				•••		\$150.00
8 Purpose of par (See instruction February Res	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	t expe ider n	enditure to arne:	o bene	fit Cand	idate/Officeholder **
			Office sought:					
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if neces					ecess	ary)		
11 Departure city	11 Departure city / location 12 Departure date 13 Destination city / location						14 Arrival date	
15 Means of trans	portation		16 Purpose of travel					
4 Date	5 Payee name Perspectiva						7	Amount (\$)
05/08/2006	6 Payee address; C 3401 Louisiana St. Suite 270 Houston, TX 77002	City; State; Zip Code			• • • • • • •	•••		\$150.00
9 D			9 · · Complete if direct	t ovn	anditura to	n bono	fit Cand	idata/Officaboldar **
8 Purpose of pay (See instruction March Rent	ns regarding type of information	required.)	Candidate / Officehol			י סיניסט	iii Caild	dateromoenolder
			Office sought:					
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional	pages if n	ecessa	эгу)	
11 Departure city	12 Departure date	2 13 Destination city / location 14 Arrival date				14 Arrival date		
15 Means of trans	-	16 Purpose of travel	•					
		<u>.</u>						

POLITI	POLITICAL EXPENDITURES						,	S	SCHEDULE F	
The Instructi	on Guide explains how to com	plete this form.		1		GE #	: 17/	22 Re	port: 62/77	
2 FILER NAME	Brown, Peter (Mr.)			3	AC	COUNT	r #	(Ethics Commission filers)		
4 Date	5 Payee name Reliant Energy		<u>,</u>	L				7	Amount (\$)	
04/01/2006	6 Payee address; PO Box 650475 Dallas, TX 75265	City; State; Zip Code		•			•		\$61.00	
8 Purpose of par (See instruction Electricity	yment ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol				bene	fit Cand	didate/Officeholder **	
Payment fo	or travel outside Texas (complet	e boxes 10-16)	Office held:							
10 Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	was made (attach additi	ional	pag	es if ne	cess	ary)		
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocati	ion			,	14 Arrival date	
15 Means of trans	portation		16 Purpose of travel						-	
4 Date 04/27/2006	5 Payee name Reliant Energy 6 Payee address; 0	City; State; Zip Code						7	Amount (\$) \$148.99	
	PO Box 650475 Dallas, TX 75265									
8 Purpose of pay (See instruction Electricity	yment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold				benet	it Cand	idate/Officeholder	
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:							
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	r was made (attach additio	onal	pag	es if ne	cessa	иу)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	on				14 Arrival date	
15 Means of transp	15 Means of transportation									

Texas Ethics Corr	mission P.O.Box 1207	0 Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-850
POLITI	CAL EXPENDIT	TURES			s	CHEDULE F
The Instruction	ON GUIDE explains how to com	plete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE# Schedule: 18	/22 Rep	ort: 63/77
2 FILER NAME	Brown, Peter (Mr.)	-		3 ACCOUNT# 00000001	(Ethics C	ommission filers)
4 Date	5 Payee name SBC			!	7	Amount (\$)
01/03/2006	6 Payee address; PO Box 650661 Dallas, TX 75265	City; State; Zip Code				\$523.94
8 Purpose of pay (See instruction Telephone	I yment ns regarding type of information	9. Complete if direct Candidate / Officeho	t expenditure to bender name:	efit Cand	idate/Officeholder **	
			Office sought:			
	or travel outside Texas (completents) traveling on whose behalf the			ional pages if necess	sary)	
11 Departure city	/ location	13 Destination city / I	ocation	<u>.</u>	14 Arrival date	
•						
15 Means of trans	portation		16 Purpose of travel			
4 Date	5 Payee name SBC				7	Amount (\$)
01/30/2006	6 Payee address; (PO Box 650661 Dallas, TX 75265	City; State; Zip Code				\$281.94
8 Purpose of pay (See instruction Telephone	/ment ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol		efit Candi	date/Officeholder
			Office sought:			
	or travel outside Texas (complete		Office held:	<u>.</u>	_	
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	ocation		14 Arrival date
15 Means of transportation			16 Purpose of travel			
		-		· ·		

POLITI	POLITICAL EXPENDITURES						
The Instruction	אכ Guide explains how to com	plete this form.		1 PAGE # Schedule: 19	/22 Re _l	port: 64/77	
2 FILER NAME	Brown, Peter (Mr.)	<u> </u>	- 1000	3 ACCOUNT # 00000001	(Ethics C	Commission filers)	
4 Date	5 Payee name SBC				7	Amount (\$)	
03/15/2006 6 Payee address; City; State; Zip Code PO Box 650661 Dailas, TX 75265						\$338.96	
8 Purpose of par (See instruction Telephone	yment ns regarding type of information	9 · · Complete if direc Candidate / Officehol	t expenditure to ben lder name:	efit Cano	lidate/Officeholder ••		
			Office sought:				
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 13 Destination city / location					14 Arrival date		
15 Means of trans	portation		16 Purpose of travel	·			

4 Date	5 Payee name SBC				7	Amount (\$)	
03/21/2006	6 Payee address; C PO Box 650661 Dallas, TX 75265	City; State; Zip Code		·		\$338.96	
8 Purpose of pay (See instruction Telephone	ment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold		efit Cand	idate/Officeholder **	
10.00						ř	
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additi	onal pages if necess	ary)		
11 Departure city	location	12 Departure date	13 Destination city / k	ocation		14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				

POLITI	CAL EXPENDIT	(312)40	SCHEDULE F				
The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 20/	/22 Report: 65/77		
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001	(Ethics Commission filers)		
4 Date	5 Payee name Shamrock Communicat	ions			7 Amount (\$)		
06/06/2006	6 Payee address; (26 West Highland Ave Atlantic Highlands, NJ	City; State; Zip Code			\$85.00		
8 Purpose of pay (See instruction Phone Install	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol	t expenditure to bene der name:	efit Candidate/Officeholder		
Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held:							
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
11 Departure city / location 12 Departure date 13 Destination city / location					14 Arrival date		
15 Means of trans	portation	· · · · · · · · · · · · · · · · · · ·	16 Purpose of travel				
4 Date	5 Payee name South Belt-Ellington Lea	der			7 Amount (\$)		
01/20/2006	6 Payee address; C 11555 Beamer Houston, TX 77089	ity; State; Zip Code	•••••		\$166.25		
8 Purpose of pay (See instruction Printing	ment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene ler name:	fit Candidate/Officeholder **		
Payment for	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additio	onal pages if necess	ary)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	cation	14 Arrival date		
15 Means of transp	portation	· .	16 Purpose of travel				

POLITI	POLITICAL EXPENDITURES SCHEDULE F								
The Instruction	ON GUIDE explains how to com	plete this form.	•		PAGE # Schedule: 2	1/22 Re	eport: 66/77		
2 FILER NAME	Brown, Peter (Mr.)	·	3 ACCOUNT # (Ethica 00000001				Commission filers)		
4 Date	5 Payee name Style Magazine					7	Amount (\$)		
06/16/2006	6 Payee address; (2646 S. Loop West Suite 270 Houston, TX 77054	City; State; Zip Code			••••••		\$400.00		
8 Purpose of payment (See instructions regarding type of information required.) Advertisement 9 ° ° Candi						nefit Can	didate/Officeholder **		
—	Office sought:								
Payment for travel outside Texas (complete boxes 10-16) Office held:							· · · · · · · · · · · · · · · · · · ·		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)									
11 Departure city	12 Departure date	13 Destination city / k	ocatio	n		14 Arrival date			
15 Means of trans	portation		16 Purpose of travel						
4 Date	5 Payee name The Council on Alcohol					7	Amount (\$)		
03/24/2006	6 Payee address; C 303 Jackson Hill Street Houston, TX 77007	City; State; Zip Code					. \$150.00		
8 Purpose of pay (See instruction Sponsorship	/ment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold			nefit Cand	didate/Officeholder		
			Office sought:						
	or travel outside Texas (complete			onal pa	ages if neces	sary)			
11 Departure city /	12 Departure date	13 Destination city / location			14 Arrival date				
15 Means of trans	16 Purpose of travel								

POLITI		s	CHEDULE F				
The Instruction	ON GUIDE explains how to com	plete this form.			PAGE # Schedule: 22	/22 Re	port: 67/77
2 FILER NAME	Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commissio 00000001				Commission filers)
4 Date	5 Payee name UPS Store					7	Amount (\$)
03/16/2006	6 Payee address; (6524 San Felipe Houston, TX 77057					\$92.50	
8 Purpose of pa (See instruction Mail Box Ren	ns regarding type of information	9 · · Complete if direct Candidate / Officehol	t expo	enditure to ben ame:	efit Cano	lidate/Officeholder **	
П			Office sought: Office held:				
	or travel outside Texas (complete n(s) traveling on whose behalf the	pages if neces:	sarv)				
11 Departure city	/ location	13 Destination city / lo	ocatio	on		14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name UPS Store					7	Amount (\$)
05/23/2006	6 Payee address; C 6524 San Felipe Houston, TX 77057	ity; State; Zip Code		• • • •			\$82.50
8 Purpose of pay (See instruction Mail Box Ren	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold			fit Cand	date/Officeholder **
			Office sought:				
	r travel outside Texas (complete n(s) traveling on whose behalf th		Office held: was made (attach addition	onal p	pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	n		14 Arrival date
15 Means of transp		16 Purpose of travel					

Texas Ethics Co	mmission P.O.Box 1207	0 Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-8506
POLIT MADE	ICAL EXPENDI FROM PERSOI	TURES NAL FUNDS	}		S	CHEDULE G
The Instruction	ION GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 1/1	10 Repo	ort: 68/77
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT# 00000001		Commission filers)
4 Date	5 Payee name Bennett, Virtle		<u></u>		7	Amount (\$)
05/17/2006	6 Payee address; 204 Travis Suite 2F Houston, TX 77002	City; State; Zip Code			polit	\$1,600.00 Thoursement from clical contributions anded
8 Purpose of ex (See instruction Campaign N	ons regarding type of information	required.)				
	for travel outside Texas (complet			<u> </u>	<u> </u>	·
9 Name of perso	on(s) traveling on whose behalf t	ne expenditure for travel	was made (attach addition	onal pages if necess	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city / to	ocation		13 Arrival date
14 Means of trans	sportation		15 Purpose of travel		1	. <u> </u>
4 Date	5 Payee name Budget Rent-A-Car				7	Amount (\$)
03/13/2000	6 Payee address; 0 24050 East 78th Ave Denver, CO 80249	City; State; Zip Code				\$529.10 Thoursement from cal contributions ded
(See travel in	ons regarding type of information					
-	on(s) traveling on whose behalf th	<u> </u>	was made (attach additio	nal pages if necess	ary)	
10 Departure city Houston	/ location	11 Departure date 03/10/2006	12 Destination city / lo	cation		13 Arrival date 03/13/2006
14 Means of trans Car Rental	portation		15 Purpose of travel Planning Meeting	s with Denver Ma	yor and	City Council
	· · · · · · · · · · · · · · · · · · ·		****			

	POLITI MADE	CAL EXPENDIT FROM PERSON		;	SCHEDULE G						
	The Instruction	ом Guide explains how to comp	lete this form.		1 PAGE# Schedule:	2/10 Rep	ort: 69/77				
2	FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT 0000000		Commission filers)				
4	Date	5 Payee name (see previous) 6 Payee address; C	City; State; Zip Code			7 ·	Amount (\$)				
							litical contributions ended				
8	(See instructions regarding type of information required.)										
9	9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Williams, Damon										
10 Departure city / location Houston 11 Departure date 03/10/2006 12 Destination city / location Denver							13 Arrival date 03/13/2006				
14	Means of trans Car Rental	portation		15 Purpose of travel Planning Meeting	gs with Denve	Mayor ar	ed City Council				
4	Date	5 Payee name Cingular Wireless				7	7 Amount (\$)				
,	03/07/2006	6 Payee address; C PO Box 650574 Dallas, TX 75625	ity; State; Zip Code		••••••	. □ po!	\$216.49 Reimbursement from political contributions intended				
8	Cell Phone	penditure ns regarding type of information of the second									
9	Name of persor	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additio	onal pages if nec	essary)					
10	Departure city /	location	11 Departure date	12 Destination city / lo	cation		13 Arrival date				
14	Means of transp	portation		15 Purpose of travel							

Texas Ethics Cor	mmission P.O.Box 1207	0 Austin, Texas	78711-2070		(512)46	3-5800	1-800-325-8506			
POLITI MADE	ICAL EXPENDIT	TURES NAL FUNDS	}			SCHEDULE G				
The Instruction	ON GUIDE explains how to comp	plete this form.		1	PAGE # Schedule: 3/1	0 Rep	ort: 70/77			
2 FILER NAME	Brown, Peter (Mr.)			3	ACCOUNT # 00000001		Commission filers)			
4 Date	5 Payee name Cingular Wireless					7	Amount (\$)			
06/01/2006	6 Payee address; (PO Box 650574 Dallas, TX 75625	City: State: Zip Code		••		D pol	\$77.76 imbursement from itical contributions ended			
(See instruction Cell Phone	(See instructions regarding type of information required.)									
				_	· · <u> </u>		····			
9 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addition	onai	pages if necess	sary)				
10 Departure city	/ location	11 Departure date	12 Destination city / lo	ocat	ion		13 Arrival date			
14 Means of trans	portation		15 Purpose of travel		-					
4 Date	5 Payee name Dominos Pizza		<u>'</u>			7	Amount (\$)			
02/13/2006	6 Payee address; C 1425 W Gray St Ste A Houston, TX 77019	City; State; Zip Code				\$107.00 Reimbursement from political contributions intended				
Event Expens	ns regarding type of information ses	•								
	or travel outside Texas (complete	<u> </u>	was made (attach additio	nal	pages if necess	агу)				
10 Departure city /	location	11 Departure date	12 Destination city / lo	catio	on .	·	13 Arrival date			
14 Means of transp	portation		15 Purpose of travel							

POLIT MADE	ICAL EXPENDIT FROM PERSON		s	CHEDULE G						
The Instructi	ION GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 4/1	10 Repo	ort: 71/77				
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001	(Ethics C	Commission filers)				
4 Date	5 Payee name Faith Flowers				7	Amount (\$)				
03/06/2006	14010 S. Post Oak Rd. Suite 1102 Houston, TX 77045	City; State; Zip Code			D polit	\$64.94 mbursement from tical contributions nded				
Flowers	(See instructions regarding type of information required.)									
10 Departure city	ocation		13 Arrival date							
14 Means of trans	sportation		15 Purpose of travel							
4 Date	5 Payee name Faith Flowers				7 Amount (\$)					
06/09/2006	6 Payee address; C 14010 S. Post Oak Rd. Suite 1102 Houston, TX 77045	City; State; Zip Code			\$57.35 Reimbursement from political contributions intended					
8 Purpose of ex (See instruction Flowers	penditure ons regarding type of information i	required.)								
☐ Payment fo	or travel outside Texas (complete	boxes 9-15)								
9 Name of perso	on(s) traveling on whose behalf the	e expenditure for travel v	was made (attach addition	onal pages if necess	ary)					
10 Departure city	/ location	11 Departure date	12 Destination city / lo	ocation		13 Arrival date				
14 Means of trans	portation		15 Purpose of travel		<u> </u>					

POLITI MADE	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS								
The Instruction	on Guide explains how to comp	lete this form.	,	1 PAGE# Schedule: 5/1	I0 Rep	ort: 72/77			
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001	(Ethics	Commission filers)			
4 Date	5 Payee name FedEx Kinkos				7	Amount (\$)			
02/13/2006	6 Payee address; C 700 Rusk Street Suite 101 Houston, TX 77002	City; State; Zip Code			pol	\$110.20 imbursement from itical contributions ended			
Printing Payment fo	penditure ons regarding type of information or travel outside Texas (complete on(s) traveling on whose behalf the	boxes 9-15)	was made (attach additi	onal names if necess	eant)				
Traine or person	n(s) haveing on whose behalf th	e experiorale for daver	was made (attach additi	bilai pages ii necess	sary)				
10 Departure city /	location	11 Departure date	12 Destination city / k	ocation		13 Arrival date			
14 Means of trans	portation		15 Purpose of travel						
4 Date 05/15/2006	5 Payee name Julia's Bistro 6 Payee address; C 3722 Main St Houston, TX 77002	ity; State; Zip Code			7 Amount (\$) \$266.76 Reimbursement from political contributions intended				
Campaign Me	ns regarding type of information i								
9 Name of person	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additio	nal pages if necess	ary)				
10 Departure city / location 11 Departure date 12 Destination city / location						13 Arrival date			
14 Means of transportation 15 Purpose of travel									
						,			

Texas Ethics Cor	mmission P.O.Box 1207	0 Austin, Texas	78711-2070	(512)4	63-5800	1-800-325-850	
POLITI MADE	ICAL EXPENDI FROM PERSOI	TURES NAL FUNDS	5		S	CHEDULE G	
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 6/	10 Repo	ort: 73/77	
2 FILER NAME	Brown, Peter (Mr.)			3 ACCOUNT # 00000001	(Ethics (Commission filers)	
4 Date	5 Payee name La Madeleine		<u>-</u>		7	Amount (\$)	
02/20/2006 6 Payee address; City; State; Zip Code 2047-A West Gray Houston, TX 77019					\$110.63 Reimbursement from political contributions intended		
Event Expen	ns regarding type of information						
	n(s) traveling on whose behalf th		was made (attach addition	onal pages if neces	sary)		
10 Departure city	/ location	11 Departure date	12 Destination city / lo	ocation	ion 13 Arrival dat		
14 Means of trans	portation		15 Purpose of travel				
4 Date	5 Payee name Loretta's Floral Design				7	Amount (\$)	
02/23/2006 6 Payee address; City; State; Zip Code 1909 Blodgett St. Suite 1 Houston, TX 77004					\$75.78 Reimbursement from political contributions intended		
8 Purpose of exp (See instruction Flowers	enditure ns regarding type of information	required.)				·	
	r travel outside Texas (complete					į	
9 Name of person	n(s) traveling on whose behalf the	e expenditure for travel	was made (attach additio	nal pages if necess	ary)		
10 Departure city / location 11 Departure date			12 Destination city / loc	13 Arrival date			
14 Means of transportation			15 Purpose of travel				
		······································					

POLITI MADE	CAL EXPENDIT	TURES NAL FUNDS	S		-	•	SCHEDULE G	
The Instruction Guide explains how to complete this form.			1	PAGE # Schedule: 7/	le: 7/10 Report: 74/77			
2 FILER NAME	Brown, Peter (Mr.)		-	3	ACCOUNT # 00000001		Commission filers)	
4 Date	5 Payee name Magnolia Hotel Denver			L		7	Amount (\$)	
03/14/2006	818 17th Street Denver, CO 80202	City; State; Zip Code	9			_ po.	\$499.23 imbursement from litical contributions ended	
(See travel in	ns regarding type of information							
	n(s) traveling on whose behalf th		l was made (attach additi	onal	pages if neces	sary)		
10 Departure city / location			12 Destination city / location Denver			13 Arrival date 03/13/2006		
14 Means of trans Hotel	portation		15 Purpose of travel Planning Meeting	gs v	vith Denver M	layor an	d City Council	
4 Date	5 Payee name (see previous) 6 Payee address; C	ity; State; Zip Code				poli poli	Amount (\$) mbursement from tical contributions nded	
	enditure is regarding type of information i rtravel outside Texas (complete							
Name of person Williams, Dam	(s) traveling on whose behalf the ion	expenditure for travel	was made (attach additio	nal į	pages if necess	агу)		
0 Departure city / location 11 Departure date Houston 03/10/2006			12 Destination city / for Denver			13 Arrival date 03/13/2006		
4 Means of transportation Hotel			15 Purpose of travel Planning Meetings with Denver Mayor and City Council					

POLITICAL EXPENDITURES

SCHEDULE G

MADE FROM PERSO	ONAL FUNDS	5 				
The INSTRUCTION GUIDE explains how to c	omplete this form.		1 PAGE# Schedule: 8/10 Report: 75/77			
2 FILER NAME Brown, Peter (Mr.)	TILER NAME Brown, Peter (Mr.) 3 ACCOUNT # 00000001					
4 Date 5 Payee name Massa's Restaurant	Inc.	•	7 Amount (\$)			
04/05/2006 6 Payee address; 1160 Smith Houston, TX 77002	City; State; Zip Code		\$212.34			
			political contributions intended			
Purpose of expenditure (See instructions regarding type of informal Campaign Meeting	ion required.)					
Payment for travel outside Texas (comp	elete boxes 9-15)					
9 Name of person(s) traveling on whose beha	If the expenditure for trave	was made (attach additional pages if r	necessary)			
10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date			
14 Means of transportation		15 Purpose of travel				
4 Date 5 Payee name Pesce's Houston			7 Amount (\$)			
04/03/2006 6 Payee address; 3029 Kirby Drive	City; State; Zip Code		\$230.00			
Houston, TX 77098			Reimbursement from political contributions intended			
8 Purpose of expenditure (See instructions regarding type of informati Campaign Meeting	on required.)					
Payment for travel outside Texas (comp	ete boxes 9-15)					
9 Name of person(s) traveling on whose behal	f the expenditure for travel	was made (attach additional pages if no	ecessary)			
10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date			
14 Means of transportation		15 Purpose of travel				

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to con	1	1 PAGE # Schedule: 9/10 Report: 76/77			
2 FILER NAME Brown, Peter (Mr.)		3	ACCOUNT # 00000001		ommission filers)
Date 5 Payee name Sue Davis Communica	ations			7	Amount (\$)
06/15/2006 6 Payee address; 4721 Hummingbird Houston, TX 77035	City; State; Zip Code	3			\$500.00 bursement from al contributions ded
Purpose of expenditure (See instructions regarding type of information Communications Consultant	n required.)			<u>.</u>	
Payment for travel outside Texas (complete	te boxes 9-15)				
Name of person(s) traveling on whose behalf t	he expenditure for trave	l was made (attach additiona	pages if neces	sary)	
Departure city / location	11 Departure date	12 Destination city / local	ion	1	3 Arrival date
4 Means of transportation		15 Purpose of travel			
Date 5 Payee name US Post Office				7	Amount (\$)
02/06/2006 6 Payee address; 6 8728 Beverlyhill Houston, TX 77063	City; State; Zip Code				\$195.00 ursement from al contributions
Purpose of expenditure (See instructions regarding type of information Postage & Mailing	required.)	<u> </u>		interior	su
Payment for travel outside Texas (complete	e boxes 9-15)				
Name of person(s) traveling on whose behalf the	e expenditure for travel	was made (attach additional	pages if necess	ary)	
Departure city / location	11 Departure date	12 Destination city / location	оп	13	Arrival date
4 Means of transportation		15 Purpose of travel			<u> </u>
		<u> </u>			

Texas Ethics Commission P.O.Box 1207	70 Austin, Texas	78711-2070	(512)46	33-5800	1-800-325-850	
POLITICAL EXPENDI MADE FROM PERSO	TURES NAL FUNDS	5		S	CHEDULE G	
The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # Schedule: 10/					ort: 77/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT# 00000001	(Ethics C	ommission filers)		
4 Date 5 Payee name Wiley Publishers				7	Amount (\$)	
6 Payee address; City; State; Zip Code 10475 Crosspoint Blvd. Indianapolis, IA 46256					\$220.83 Reimbursement from political contributions intended	
Purpose of expenditure (See instructions regarding type of information Printing Payment for travel outside Texas (complet)						
9 Name of person(s) traveling on whose behalf the	he expenditure for travel	was made (attach addition	onal pages if neces	sary)		
10 Departure city / location 11 Departure date 12 Destination c			ocation		13 Arrival date	
14 Means of transportation		15 Purpose of travel				
4 Date 5 Payee name Yahoo Mail 05/15/2006 6 Payee address; 701 First Ave. Sunnyvale, CA 94089	City; State; Zip Code			Reimi politic	Amount (\$) \$19.99 bursement from eat contributions	
8 Purpose of expenditure (See instructions regarding type of information Web & Internet Payment for travel outside Texas (complete Name of person(s) traveling on whose behalf the	boxes 9-15)	was mada (attach addition				
	e experiorare for dayer	was made (attach addino	nai pages il necess	ary)		
10 Departure city / location	11 Departure date	12 Destination city / loc	cation	1	3 Arrival date	
4 Means of transportation		15 Purpose of travel		l		
		·				